DEVELOPING RELATIONSHIPS AND SEXUALITY HEALTH EDUCATION: EXPLORING THE POTENTIAL OF HEALTHY UNIVERSITIES APPROACH AT UNIVERSITY OF GEORGIA

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Abstract

The following research includes key steps of conducting a small-scale study about the potential to developing RSE (Relationships and Sex Education) at the Private University in Georgia. The explored factors included the effects of lacking RSE on students' personal lives, specifically the aspect of establishing stable, loving, and caring relationships. The study also identifies the level of knowledge about sexual health in students aged 18-20 years.

The aim of this study is, therefore, more rigorously to generate new knowledge regarding the views of a group of university students in order to inform the development of university based RSE programme.

The report included the views and understanding, cultural factors of youths from different backgrounds towards the RSE. For this work students have been interviewed from the Private University in Georgia to find out their views, knowledge and understandings regarding the need and desire to learn more about relationships and sex.

For this study, the Okanagan Charter and Cultural sensitivity approach have been used as appropriate underpinning frameworks.

Findings of the research show that the work to be done in Georgia in developing and delivering relevant university based RSE programme is vast. The programme should also include HIV awareness module and should be based on the context of cultural changes and media pressure on youths. There have been identified possibilities which might support further researchers of this topic in improving existing programmes and developing support for educators.

Findings of this study will support gender equality by raising awareness of gender as central and diverse in our lives and by examining how gender norms are formed by not only biological but also cultural and social differences. Results will also encourage the creation of relationships based on understanding, respect, and equity.

Keywords: *RSE (Relationships and Sexuality Health Education), CSE Comprehensive sexuality education, Okanagan Charter, Cultural sensitivity approach, Gender equality*

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The following research includes key steps of conducting a small-scale study about the potential to developing RSE (Relationships and Sexuality Health Education) at the Private University in Georgia. The explored factors included the effects of lacking RSE on students' personal lives, specifically the aspect of establishing stable, loving, and caring relationships. The study also identifies the level of knowledge about sexual health in students aged 18-20 years.

The terms, such as „adolescents", „teenagers", „youth" and „young people" are used interchangeably in the literature (Sherr, 1997). The term „youth" has been defined „as those persons between the ages of 15 and 24 years, without prejudice to other definitions by Member States" (https://www.un.org/, accessed October 2019).

The age of students in research is between 18-20 years. Based on the definitions provided above, this age group might be identified as „youth". In this project mainly is used the term 'youth' as age of participants of this study fits within the ages of 15 and 24 years.

The literature overview demonstrated clear understanding about general knowledge available regarding RSE. Afterwards, the report included the views and understanding, cultural factors of youths from different backgrounds towards the RSE. For this work students have been interviewed from the Private University in Georgia to find out their views, knowledge and understandings regarding the need and desire to learn more about relationships and sex.

The aim of this study is, therefore, more rigorously to generate new knowledge regarding the views of a group of university students in order to inform the development of university based RSE programme.

Research questions

Having reviewed the literature and considered my own interests, I identified the following two research questions:

1. Do academics and practitioners at selected universities in Georgia think an RSE programme is needed and, if so, why and how might it be best to develop a university-based RSE programme, or, if not, why not?

2. How might professional, disciplinary, and cultural backgrounds influence the ways academics and practitioners engage with ideas and teaching practices related to the possibility of RSE in Georgian universities?

RSE is a process that goes on for the whole life and includes getting information, forming attitudes, beliefs, and values, etc. Among other things, it includes sexual development and health, forming relationships and maintaining them, showing affection and intimacy, forming body images and gender roles.

The public and authorities should pay more attention to these issues. In his view, this is a problem of state importance. According to Georgian Sexologist Zurab Marshania (http://www.tabula.ge/ accessed May 2019), parents should not feel embarrassed talking about sex and give their children age-appropriate information at different times.

Knowledge about sexual health protects youths from unwanted pregnancies and STIs, HIV/AIDS. Education in this field aims to help youths develop high self-esteem and get involved in positive relationships (Gordin, 2007). Importance of such education increases with the attempts of establishing gender equality and reducing gender-based violence (Rogow and Haberland, 2005).

The title „Relationship and Sexuality Health Education“ is under an ongoing discussion, but so should be the contents of it. Common RSE curriculums include topics of sex, sexual health, pregnancy, STIs, HIV/AIDS and contraception. It is also vital to include the information about building healthy, steady relationships, teach them how to develop self-respect and how to respect others. Another issue to be included is how to recognise unhealthy relationships and how they might affect their health and well-being (DfE, March 2017). Currently, Relationships Education is compulsory in all primary schools in England and RSE compulsory in all secondary schools, also, Health Education in all state-funded schools.

„Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and youths with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives“.

CSE is an effective method of RSE, the site of which is recommended to be the school. Its wholistic nature helps develop the knowledge and life-skills for students to feel confident about their sexual and reproductive health and rights (SRHR). Such programmes should be conducted by trained teachers in schools, because this way large number of students will be reached before they start sexual life.

The quality of CSE is dependent on teaching process as well as the environment in the school. CSE is seen as a component of overall quality education and is vital for health and well-being of students.

CSE Curriculum also involves discussion on topics such as discrimination, violence and specifically-GBV, importance of consent, sexual abuse and harmful patterns of behaviour, early marriages and female genital mutilation/cutting.

The UNESCO Guidance is right to emphasise that ‘The challenge is to reach youths before they become sexually active, whether this is through choice, necessity ... coercion or exploitation’ (UNESCO 2009b, 7). The evidence shows, that delivering knowledge and education about sexual maturity does not cause an increase or speeding up of sexual activity in students (UNESCO 2009 b, 8; see also Goldman 2008). On the contrary, such information delays the onset of sexual behaviours and encourages responsible actions (Bearinger et al. 2007; Kirby, et. al., 2007; UNESCO 2009a, 2009b). Many people might think of penetrative intercourse, desires, experimentation with pornography or even paedophilia, when hearing the word sex or sexual, sexuality. Traditional associations of this term might also include shame or immorality. Such barriers exist when trying to share even life-saving knowledge about sex (Glasier et al. 2006).

For this study, the Okanagan Charter and Cultural sensitivity approach have been used as appropriate underpinning frameworks.

The findings and discussion of this research are based on cultural sensitivity approach. This approach analyses the culture’s effect on sexual health (Brislin, 1993; Ulrey and Amason, 2001). Cultural sensitivity idea states that people, who live in different cultures will have been developed based on this culture, it would have shaped their beliefs about health and relevant practices (Bauer and Wayne, 2005).

According to Dutta, (2007), the focus of the cultural sensitivity approach is to develop relevant health education which will impact individuals’ attitudes, values, and behaviours. To achieve this, the messages should be tailored to the audience members and their cultural characteristics. Culture-cantered approach underlines the attempts of changing structures of society about health discussions.

The goal of cultural sensitivity approach is to produce health interventions, incorporating cultural values, beliefs and experiences. Target population norms are used in the process of designing, delivering and evaluating intervention (Resnicow et al., 2002). Focus here is to create effective messages about health in certain culture.

Cultural sensitivity approach has several attributes, listed below (Foronda, 2008).

Knowledge. People planning on using cultural sensitivity approach should have comprehensive knowledge of cultural values (Parfitt, 2004). Knowledge can be understood as „the range of one’s information“ (Merriam-Webster’s Dictionary of Law, 1996). It can be acquired in trainings or direct experiences with the culture (Chan et al., 2003; Godwin, 2001; Warren et al., 2004).

Consideration is a „careful thought, deliberation, or taking into account, having concern or caring for others“

(The American Heritage Dictionary of the English Language, 2000). Our experiences, languages and beliefs must be analysed and considered for cultural sensitivity approach to be used (Armstrong, 2003; Cheng, 2000).

Understanding is important to analyse other person's values, beliefs or experiences (Guberman and Maheu, 2004; Josipovic, 2000). If the teacher does not understand the cultural background of students, teaching will not go smoothly (Yang et al., 2003).

Another important idea is respect. Students need to feel that their culture is respected while learning (Percival and Black, 2000).

Tailoring is defined as „to make, alter, or adapt for an individual or group" (The American Heritage Dictionary of the English Language, 2000). Curriculum needs to be tailored to students' needs to show cultural sensitivity. This can be evident in teaching methods, approaching the patients, treatment selection or manner of providing care. It can be visible in business planning or military trainings (Holt, 2002; Jibaja et al., 2000).

According to Dutta (2007), cultural sensitivity approach is comprehensive and lets us understand individuals or groups connected with their culture. This approach helps us analyse existing opinions about RSE in students from different cultural backgrounds. It is also helpful if we need to identify specific need for RSE.

The Okanagan Charter is an international charter which promotes health in universities and colleges. It studies the ways they can incorporate ideas about health into their everyday practices. A Healthy University has a comprehensive understanding of health, creating culture and learning environment that improve the well-being of the community and enabling people to reach their full potential.

Okanagan Charter provides framework of latest ideas, processes, and principles in promoting health in universities and colleges. It builds upon the 2005 Edmonton Charter (Edmonton Charter for Health Promoting Universities and Institutions of Higher Education) advances and generates dialogue in local, regional, national, and international networks about important topics. Following the Okanagan Charter, it is possible to integrate health in all relevant policies and continue development of health promotion in universities and colleges.

Suggestions for further research

There are certain limitations can be discussed in this study. One is that there was only one location chosen for the research – The Private University in Tbilisi. For broader picture in Georgia there is need of more studies. Additional studies could focus on anything from RSE policy intervention types, delivered curriculum or different providers in schools or other communities. There is need of encouragement of critical evaluation in planning and developing materials and strategies of RSE. These findings are useful in providing information about effective RSE in Georgia.

Findings of research suggest that youths lack life skills and the sources of information they use are often misinforming. Input of youths should be explored for RSE. Programs which will be developed need to include schools, parents, and peers in education to be effective, because these are the sources of information for youths use for gathering information.

The opinion of students was that sessions of RSE is best to deliver at the university, but there are several points to discuss. Do the nurses, doctors or teachers in Georgia have sufficient knowledge to teach this topic? Are healthcare professionals equipped for such curriculum? What type of professional development would they need? Beliefs and attitudes based on religion significantly affect sexual health in Georgia and often prevent RSE improvement. These aspects have main role in understanding of professionalism in this frame. Professionalism does not only include knowledge or experience dealing with a patient with STI, but attitudes and individual's beliefs also play a big role. Is there readiness in Georgian teachers to provide RSE? Can nurses demonstrate professional attitude and deliver unbiased and accurate lesson on RSE, no matter their personal beliefs? This are important questions not only for Georgia but also for other countries, because if educators have strong ingrained attitudes, these will influence the outcomes of RSE in the end.

The research found that the effectiveness of the programme is dependent upon how much the needs of youths are met and how much does it give them information about developing healthy habits for adulthood. Materials which provide information in content and format which youths want and simultaneously tackle problems of RSE are a vital part of developing such programs (Measor et al., 2000).

Implications

Suggestions for the university

The Okanagan Charter is helpful in creating safe and comforting learning environment in which it is easy to deliver RSE, which is based on cultural values of Georgia and the world. RSE sessions' delivery is the first step for health promotion success in the university. This research findings can help the Private University to integrate teaching and implement educational standards. The vision of Healthy University encompasses a holistic idea of health, includes the whole university, and aims for creation of organisational culture and environment which are suitable and supportive of well-being, health and sustainability of the community. This vision will help the members of the community reach their full potential.

For this research to be successful we need to create an environment which supports the delivery of RSE sessions. Students will be given a chance to study the topics which are interesting for them. Such knowledge will provide them with confidence, better life skills to deal with challenges and will support them in creating loving and stable relationships. Students will also learn about the physiology of their body and the negative impacts which irresponsible sexual behaviours may lead to. It is thought that delivering this type of knowledge will reduce rates of abortions, STIs and HIV/AIDS. One possible effect of the education might be positive impact on students' attitudes and beliefs which will lead to prevention of abuse and establishment of respecting families and partnerships (Tanton et al., 2005). The quality RSE is based on human rights and rights to have access to information about health (European Expert Group on Sexuality Education, 2016) based on ideas of United Nations Committee on the Rights of the Child, the Committee on the Elimination of Discrimination against Women, the Committee on Economic, Social and Cultural Rights and the United Nations Convention and the Rights of Persons with Disabilities.

General implications

There were arguments about RSE materials within and outside schools. The research found that materials had been withdrawn from schools because morality problems. This suggests involving parents and community in materials development may minimise misunderstandings; It's important to integrate recommendations and involve youths in developing RSE materials for their peers, which in turn may improve quality of RSE. The effective participation of youths in all steps of the project cycle means to improve RSE (Østergaard, 2003). In addition, information should be distributed through different communication formats as those could enhance learning (Mitchell et al., 2001).

Materials which are made for western RSE cannot be directly used in Georgia, because of the difference of values and coexistence of modern and traditional beliefs in the country. Therefore, materials need to be developed according to these values but based on evaluation of western resources and images, since they have the benefit of being extensively researched. Couple of years ago, the materials were withdrawn from schools because people thought it was in clash with their morality. Such misunderstandings might be minimised by involving parents and general community in creation and development of these resources. Recommendations also need to be gathered from the group of youths, because this will provide us with knowledge on their needs and expectations and ensure the quality of RSE. Their involvement in the project is a great possibility of improving the delivery of the education (Østergaard, 2003). Information in the education process should be disseminated through different channels and communication formats to enhance the learning process (Mitchell et al., 2001).

Students during the interview have tried to use the researcher as a source of information on the topics interesting to them. The findings suggest that confident professional, who is willing and comfortable in delivering the information about RSE will support different types of audience in learning. The individual can work in a flexible manner with youths and fill in their gaps in knowledge, build their life-skills and confidence in necessary fields. Students should feel that this individual is an acceptable person to effectively deliver a university based RSE topics (Nualnak, 2002). Educators need to be trained with collaboration between health and education sector. Education levels will improve if medical, nursing and public health students are involved in RSE process and sufficiently trained. Many countries have found that involving medical students in peer education programs is beneficial (Bencevic, 2003).

There is a need of developing „morality framework“ about gender equality, sexuality, and responsibility in relationships around the RSE topic in sources such as books, magazines, media, etc (Measor, Tiffin and Miller, 2000). All of these sources have to be consistent in messages they are providing to youths. Messages about coercion in sex, lack of consent and rape should be that they are wrong and immoral, but there are instances where the information gathered from media or peers might be contrary to this. Research findings have identified that students often feel confused or frustrated because of lack of knowledge on how to act in relationships. They are basing their ideas on perceptions that „men should be strong“ and „should achieve their gender identity by exhibiting power over girls“. This illustrates the necessity of public policy of providing information to youths. If youths are encouraged to speak about their ideas to others this will improve their understanding of relationships and sex. Policy about this education should illustrate how each sector will collaborate with others to provide better RSE for youths.

The use of health services will increase if we ensure that youths have easy access to them and feel welcome there. Findings of this study have illustrated that such services were limited for youths and there was a lack of information about available resources as well. Youths need to be informed about availability of condoms and contraceptives; counselling services targeted towards them; ways of treatment for STIs, HIV, abuse of alcohol and drugs, combined with referral systems for RSE. These services are lacking in Georgia and need to be replenished and developed. The rights of youths need to be fulfilled and their requirements of information and services need to be met (ACPD, 2001). As was evident in other studies (Wilson and Williams, 2000), students in this study always showed that they need confidential, friendly, and non-judgemental place to receive necessary information.

To sum up, findings of this study show that the work to be done in Georgia in developing and delivering relevant university based RSE programme is vast. The programme should also include HIV awareness module and should be based on the context of cultural changes and media pressure on youths. There have been identified possibilities which might support further researchers of this topic in improving existing programmes and developing support for educators.

Findings of this study will support gender equality by raising awareness of gender as central and diverse in our lives and by examining how gender norms are formed by not only biological but also cultural and social differences. Results will also encourage the creation of relationships based on understanding, respect, and equity.

Research will encourage learners to feel empowered in communication about issues such as health and well-being, sexuality, their rights as humans, respectful life and relationships within families, values of individuals and groups, norms within the culture and society, equality and discrimination, sex, forced or early marriages, violence, body integrity and consent, sexual abuse and female genital mutilation/cutting (FGM/C) (UNESCO, International technical guide, 2018).

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